

**LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq

**APPLICATION FOR
LIQUOR LICENSE**

DO NOT FILL IN THIS SPACE	
APPLICATION NO. _____	
License Fee _____	RECEIPT # _____
Publication Cost _____	
TOTAL _____	
<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK: _____	

1. APPLICATION TYPE (Check One Only)

- | | | |
|--|---|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Transfer | <input type="checkbox"/> Change to Existing License |
| <input type="checkbox"/> New w/Stand Alone Temporary | <input type="checkbox"/> Transfer w/Temporary | <input type="checkbox"/> Catering |
| Must submit 2 original applications: | Must submit 2 original applications: | <input type="checkbox"/> Special (Non-Profit) |
| • New Liquor License | • Transfer of Liquor License | <input type="checkbox"/> Special (For Profit) |
| • Stand Alone Temporary Liquor License | • Temporary Liquor License | <input type="checkbox"/> Renewal of Temporary License |
| Liquor License # (if existing): _____ | | <input type="checkbox"/> Provide copy of existing Temporary License |
| | | <input type="checkbox"/> Provide extension dates |
| | | Start _____ End _____ |

APPLICATION INFORMATION

2. Classification:	3. Kind:	4. Category:	5. 1 st Event Date (For Catering / Specials / Transient Vessel):
6. FEIN:	7. State GE Tax #:	8. DCCA File #:	
9. Business Name:		10. Trade Name / DBA:	
11. Business Mailing Address:			
12. Business Phone #: () -	Business Fax #: () -	Business Email Address:	
13. Primary Contact Mailing Address:			
14. Primary Contact (Full Name):	Primary Contact Phone #: () -	Primary Contact Email Address:	
15. Premise Physical Address:		Tax Map Key #:	

16. FOR TRANSFER LICENSES ONLY

Signature required by current license owner to authorize license transfer

Signature of Current License Owner

Print Name

Date

INITIAL Current License Owner must provide Gross Liquor Sales (GLS) Report and applicable payment upon license transfer

**18. PAYMENT BY CASH, CASHIER'S CHECK, MONEY ORDER, OR CREDIT CARD
(DISCOVER/MASTERCARD/VISA) MAY BE REQUIRED UPON APPLICATION SUBMITTAL.
SEE FORM CHECKLIST FOR PAYMENT AMOUNT**

19. APPLICANT INFORMATION (Check One)

<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR Enter Applicant's Resident Address:	<input type="checkbox"/> Applicant is 21 years of age or older
<input type="checkbox"/> CORPORATION ONLY • Form LIQ-LIC-103 (Add/Delete Officers/Directors) (Includes shareholders owning twenty-five percent (25%) or more of business)	Total # of outstanding shares:
<input type="checkbox"/> PARTNERSHIP OR LLC • Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)	<input type="checkbox"/> Partners are 21 years of age or older
<input type="checkbox"/> UNINCORPORATED ASSOCIATION • Form LIQ-LIC-104 (Add/Delete Members/Managers/Partners)	<input type="checkbox"/> Individuals are 21 years of age or older
<input type="checkbox"/> NON-PROFIT ENTITY • Must provide proof of Non-Profit status	

20. CONDITIONS OF APPLICATION

- (Applicable to Individual Only).** The undersigned individual who resides at the Applicant's Resident address as indicated on the application is the sole owner of the business proposed to be licensed; and is not a person who has been convicted of a felony and not pardoned.
- (Applicable to Corporation Only).** The individuals indicated on the application (and attached sheet(s) if applicable) are all the officers and directors of the applicant corporation; stockholders who own twenty-five percent (25%) or more of its outstanding capital stock; and that each such officer, director, and stockholder is no less than the legal majority age and is not a person who has been convicted of a felony and not pardoned.
- (Applicable to Partnership or LLC).** The individuals indicated on the application (and attached sheets(s) if applicable) are all the members of the undersigned partnership or LLC [Manager Managed LLC's, check manager(s)] each of whom is not a person who has been convicted of a felony and not pardoned, and their respective ages and places of residence are listed.
- (Applicable to Unincorporated Association ONLY).** The individuals indicated on the application are all members of the applicant association and the full names of the officers thereof, each of whom is not a person who has been convicted of a felony and not pardoned, and their respective ages and residence are listed.
- No person other than the applicant named herein will have any interest in the business affected by this application without prior approval of such interest by the Commission.
- No liquor license heretofore issued to applicant has been revoked within the term of two years preceding the date of this application.
- The applicant (or if applicant is an association or corporation, the officers and directors thereof) is familiar with the provisions of the State statutes relating to intoxicating liquors and with the Rules of the Commission and gives consent for a background investigation for determining fitness prior to the issuance of a liquor license.
- The financial statements attached hereto and made part hereof represents a full, true and correct statement of the applicant's financial condition as of the date given on the statement.
- Prior to the issuance of license, the applicant will submit a certificate from the State Director of Taxation and Federal Internal Revenue Service showing the payment of all delinquent taxes, penalties, or interest and if liquors are to be sold for consumption on the licensed premises, a Department of Health sanitation certificate.
- Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34

21. APPLICANT SIGNATURE NOTARIZED (Notary not required for Special Non-Profit)

Person signing must be a Corporate Officer, LLC Member or Authorized Agent

Notarized Applicant Signature

Title

Date

Print Name

22. NOTARY INITIAL: _____

23.

STATE OF HAWAII }
City and County of Honolulu } SS.

On this _____ day of _____, in the year of _____, personally appeared

_____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to within the foregoing instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the aforementioned instrument the person, or the entity upon behalf of which the person(s) acted, executed the aforementioned instrument in free act and deed.

Subscribed and sworn to before me this:

_____ day of _____, 20 _____

Signature of Notary

Print Name: _____
Notary Public, State of Hawaii

My commission expires _____

(Place Notary Stamp or Seal here)

NOTARY CERTIFICATION

Date of Doc: _____ # of Pages: _____

Notary Name: _____ Circuit

Doc. Description: _____

Notary Signature

Date

(Place Notary Stamp or Seal here)